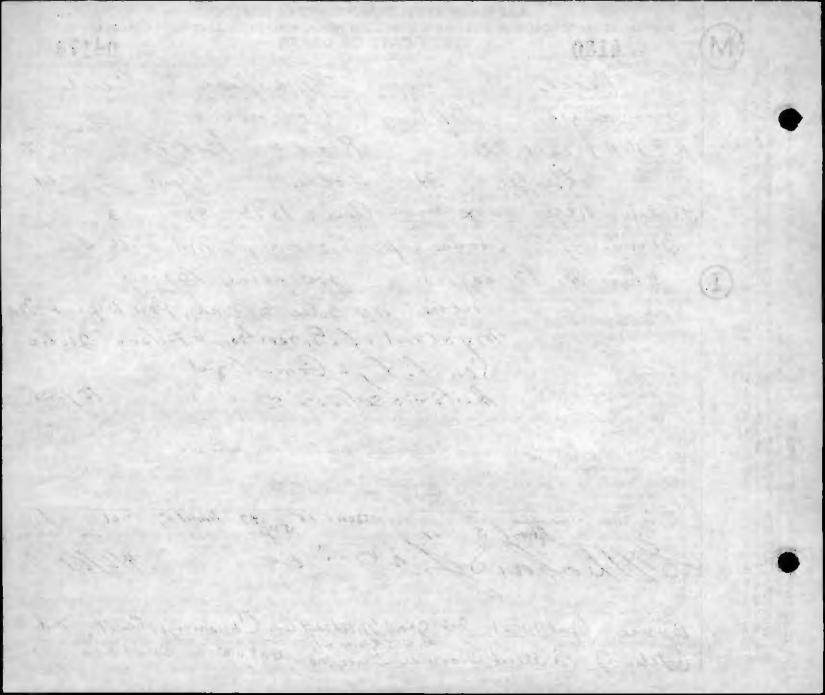
TO HOSPITA! ATTENDING PHYSICIAN: The law requires that the death cartificate be executed with hours after a death. Page A be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral confector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

N	IAKYLAND STATE DE	PAKIMENI OF	MEALIM	
DIVISION OF STATISTICAL I	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
1120	CERTIFICATI	OF DEATH		0417

4	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		
1	e. COUNTY Clail, MARYLAND	a. STATE maruland b. COUNTY (Peil		
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY QR TOWN (If sotside corporate limits, write RURAL and give nearest lown)		
-1	write RURAL and give nearest town)	X //		
	Conowings defetime	(onowings		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, after street address)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?		
	R. F. W. # 1 Box 72	R. F. D. # 1 BOX 72 YES NO NO		
1	3. NAME OF First Middle	Last 4. DATE Month Day Year		
	(Type or print) Lulu H.	Boddy DEATH Upril 5, 1961		
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
	Temale nego WIDOWED N DIVORCED [] (spil 2, 1873 88 yrs. Months 3 Hours Min.		
	10s. USUAL OCCUPATION (Give find of work 10b. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	YOU. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?		
	Housewife Housewife	Conswiner. Ind. U.S.a.		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
1	Only of Bradland	Josephine Berry		
J	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address		
	(Yes, no, or unkown) (Ifyasgivawarordatesofsarvice)	on Bille B Bond Port Densnit me		
	18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).]	MILCON 18, 18 OTEN, INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH		
	IMMEDIATE CAUSE (a)	Ch services - delicas		
	7-0.1 DUE TO	- (700 m / 3:0) -		
	Conditions, if any, which (b)	1-3000000		
	(a), stating the undarlying DUE TO	10403'		
	causa last. (c)	76002.2		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
	TA CALL	YES NO		
		. (Enter nature of injury in Part I or Part II of item 18.)		
	OR CONTRIBUTING CAUSE OF DEATH			
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)		
	al week at week	ory, street, olfice bldg., etc.)		
	21. certify that (I) (this heraital) attended the deceased from	Done 15 1947 to Bhr. 15 1961, that (1) (10) last		
	AT C	3725		
	saw the deceased alive on 1967, and that	death occured at		
	111111111111111111111111111111111111111	ATTENDING MED. STAFF		
	22c. HYSICIAN'S COMPANY - M	DIRECTOR PHYS. 1/6/6/		
	NAME (Type)			
	23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d_LOCATION (City, town or county) (State)		
	REMOVAL (Specify)	n -1 120 11. 12 1 ml		
	Burial lipral 9, 1961 Mr. Joan 1	Allow proup of provings, clear many		
V	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 55707	PR 1 0'61 CILLING S. TUMA		
25	Villa & Bullock starre de D	rice, my DATE ALL		



1 30	4-27-61 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	04175
W. St.	3187 Items 8 & 9, birth CERTIFICATE OF DEATH	riscoe-4/21/6 Dist. No.
directs	1. PLACE OF DEATH O. COUNTY CEC. 1 L MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Res O. STATE MARYLAND ARYLAND D. COUNTY O. STATE MARYLAND	idence befare admission)
be	b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest lawn)	and give nearest lawn)
by the fund d 2 should	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
led in b	3. NAME OF DECEASED (Type or print) F D (4.0 2 0 P) R 13 R 15 C 0 G DEATH A	Day Year
Poges	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 5. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
plete rrs.	MALE COLORED WIDOWED DIVORCED 9-12-18/17 +5 47/ yrs. 5	hs Days Hours Min.
pape path.	10a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
er de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
hours off	HARRY BRISCOE SALLY YOUNG	
I hours	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or yaknown) [II yes, give wor or dates of service)	
222	No 217-26-6681 Harry Briscos north Ea	et mos
within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
ent	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Uremia Convulsion Due to	y Days
, e	Conditions, if ony, which) (b) Chronic Parenchymatous Nephritis	2 Years
o u	gave rise to immediate cause (a), staling the under-	
and	Iying cause lost.) . (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	BART IV-1 10 WAS AUTORCY
aval,	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
ar rem	20a. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , ,
remotian	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Nol while all wark all of wark all of wark all wark	(Caunty) (State)
al, c	21. I certify that I ottended the deceosed from 4/3/ 1961, to 4/12/ 19_6. That	last sow the deceosed
buri	alive on 12/12/12, 1861, and that death occurred of 10:35M, from the causes and on ADDRESS (Street, city or town, state)	the date stated obove. DATE SIGNED
2 2	SIGNATURE Hames A. John M.O. 245 East High Street 4	14/61
har pri	PHYSICIAN'S James L. Johnson M. D. Elkton Maryls	nd
e 3 shoured strongestronges	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22caNAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or count	
the re	Burial 4-16-1961 Se Marks a. U. M. P. North East Cesil	Co mod
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR	SIGNATURE
	DATE 17'61 Quilley	2. Kraus

ets. The state of the s The many of the first the second of the second seco series 2 that management with William The state of the s the things and the state of the

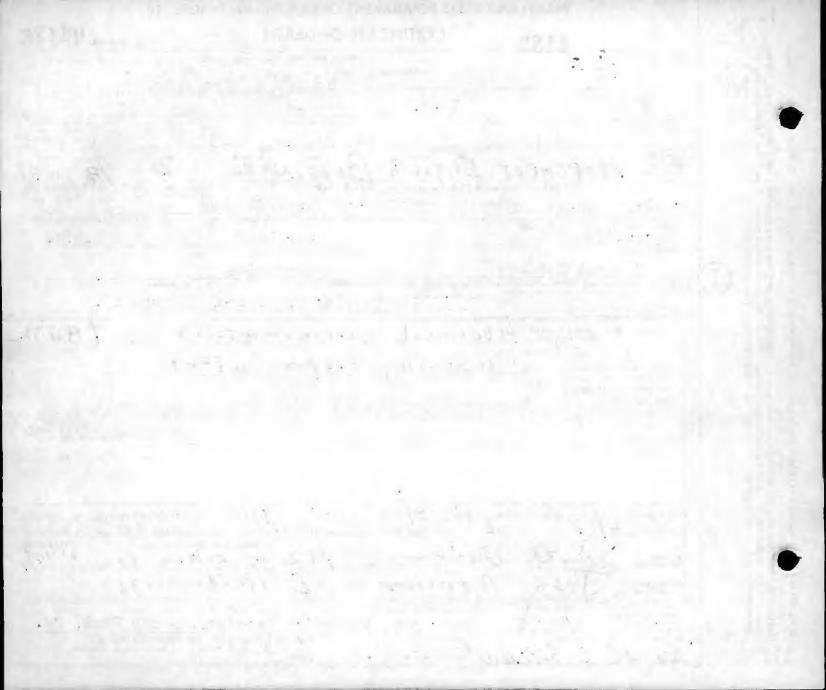
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

189 CERTIFICATE OF DEATH

Reg. Dist. No. ()4176

6187				Reg. Dist. No. 17 - 2 # ()	
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	b. COUNTY	an: Residence before admission)	
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) ELKTON	LENGTH OF STAY IN 16		utside carporate limits, write R	tURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospite), give street of OR INSTITUTION Union Hospital	address)	d. STREET ADDRESS Singerl	v Road	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) MARGARET	Elizabeth	Bryson	4. DATE Mor	Pay Year /8 196/	
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE	ied 🖪 Never Married 🔲	B. DATE OF BIRTH ' June 21, 19	9. AGE (In years last birthday) 55 yrs.	Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUS EW 11 0	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Clement Reeder		Mary			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, na, or unknown) (If yes, give wer or dates of service)		harles E. B		on, Md.	
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	CINON A	CORPS	u Terl	PERFORMED?	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II af item 18.)	YES NO 📝	
Haur a.m. While		ACE OF INJURY (Hame, farm, iclary, street, affice bldg., etc.)		(Caunty) (State)	
21. I certify that I attended the deceased from 414 , 196 , to 418 , 196 , that I last saw the deceased alive an 196 , and that death accurred at 616 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE PHYSICIAN'S Ohn A Fischer E I F 78 M, Md NAME (Type)					
22d. Burial, Cremation, 22b. Date Thereof REMOVAL (Specify) Burial 4/22/61	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, Cemetery, No	or county) (Stole) orth East, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE HICKS	Elkton, Mo		PR 25 61 246. REG	ISTRAR'S SIGNATURE	



MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 4183 MEDICAL EXAMINER'S	301 W. PRESTO	N STREET, BALTIN		ARYLAND ()4177
PLACE OF DEATH e. COUNTY	e, STATE	ICE (Where deceased lived, b. COL	INTY	dence before edmission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) 4 4 7 5.	a. CITY OR TOWN	(If outside corporete limits, wr	Africa pulling	(ve neerest lown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Graybeal N. Hone, Notingham	d. STREET ADDRESS Main S			ON A FARM? YES NO 3
NAME OF DECEASED (Type or print) Kery Worthington Che	erry	4. DATE MOROS OF DEATH	th D	15 19 61
TO MUNICIPAL MENTILES	DATE OF BIRTH	9. AGE (In year lest birthdey 87 yrs.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fousewife Ret. Own Home	Penn.	or foreign country)	12. CITIZEI	N OF WHAT COUNTRY?
Edward H. Worthington	14. MOTHER'S MAIDEN	Niller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (If yes give were deles of service)		Addre		SiX -
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)Chronic Myecarditis DUE TO				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which gever less to Immediate cause (e), stating the underlying cause less, (c)		Marie Tel		<u></u>

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Stelle) While fectory, street, office bldg., etc.) Not While Hour a.m. et work el work 19 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner Homicide death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER

ACTUAL SIGNATURE

ASSISTANT MEDICAL EXAMINER PIETY MEDICAL EXAMINER ALSING SUN, MA. Address (Sifeel, city, lown, or county) DATE SIGNED

(Stele)

157

EXAMINER'S .C Dodson NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or country)

REMOVAL (Specify)

ADDRESS

DATE # 1 8 '61

Colora

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Outling & King

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral Itom 23b. Film G285 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission PLACE OF DEATH CECIL a. STATE b. COUNTY filled in by the f Pages 1 and 2 s ours after death. MARYLAND Maryland Harford b. CITY OR TOWN (if outside corporete limits, LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) hours after Perryville 51 Davs Abingdon d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS VAH., Perry Point, Md. papers. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH within Chester L. COGSWELL Apri carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) 5. SEX B. DATE OF BIRTH last birthdeyl Male WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) Electrical Contractor Terre Haute. Ind. Electrical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please John B. Cogswell Mae Boyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Hospital records. Perry Point, Md. 219-10-9287 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Bronchial Pneumonia - Right Lung Unresolved IMMEDIATE CAUSE (e) burial-transif DUE TO Carcinoma, Bronchogenic - Right=lung Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 8 use prior 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 1 (County) 20c. TIME OF INJURY Month, Day, Year 2Dt. (City or town) Not While fectory, street, office bldg., atc.) While Hour a.m. at work et work has the causes and on the date stated above should 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. eged 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A. L. MOONEY, M.D. Pathologist VAH., Perry Point, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county)

Bethel Fresbyterian

Havre DeGrace, Ad.

e. IS RESIDENCE ON A FARM?

YES NO T

19 61

IF UNDER 24 HRS.

ONSET AND DEATH

Unknown

days

PERFORMED?

(State)

22b. DATE

SIGNED

[30] NO [

Harford County, Maryland

Citha & House

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE APR 1 3 '61

U.S.A.

completely physician and aftending has d certificate this o After DIRECTOR: death. Page A ector, filed D.p. g VR A15 (4) 15M 9/60

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

4.4 Section Improves a 51, 12.30 W. . . Come Today ad. Chester . Collisons of the Mostgreet Foregreen Lightsland Terra Fants, Ind. D.F.A. John J. Cogmicit - Cas Poyer 100 M 17 219-13-9807 Hospital recover. 1 mr. [61m], 14. 10/0/4 Part Control . In the ment of he deposit to a good thanks Lookade Trova 1912 All the Table Labor Lab THE EAST OF THE PARTY OF THE PA

24a. REC'D BY REGISTRAR

Md OATEAPR 2 0 '61

0 VS A15 (4) 15M 9/5B





DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

4187

PLACE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Deposit Md. 25b. REGISTRAR'S SIGNATURE

Circus & Frank

25o. REC'D BY REGISTRAR

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TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of	may be revaine. The hospital as attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.
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VR A15 (4)

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p. COUNTY o. STATE aryland **b.** COUNTY Cacil Cecil MARYLAND b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Port Deposit Rural Life Port Deposit. Rural d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospito), give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM Graigtown Craigtown YES NO NAME OF **Eurst** Middle 4. DATE Month Day Year DECEASED April Rebert Bruee Crais. (Type or print) DEATH 10 IF UNDER 1 YEAR IF UNDER 24 HRS. 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Dovs Hours Male White May 16.1876 DIVORCED | WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 111 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of working life even if retired)

Carpenter Gen.Building Maryland S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Leak A. Patterson B. Craig 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Jane B. Craig Port Deposit Md. Rural NO CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part It of item 18) WEDICAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, | 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while p. m. at work at wark 19 6/, that (I) (we) last 21 I certify that (1) (this haspital) attended the deceased fram _ and that death accurred at BAM, from the causes and an the date stated above saw the deceased alive an 220. SIGNATUR 22b DATE SIGNED ATTENDING PHYS DIRECTOR -22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Irvin Wachsman Havre De Grace. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City town, or county) BENOIAL (Specify) 4-16-1961 ASDUTY Cemetery

ADDRESS

Perryville Md



VS A15 (4) 15M 9/III

THE PARTY OF THE P	(
4 DIO : CDSD-		,
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4188 **CERTIFICATE OF DEATH**

Reg. Dist. No.

114182

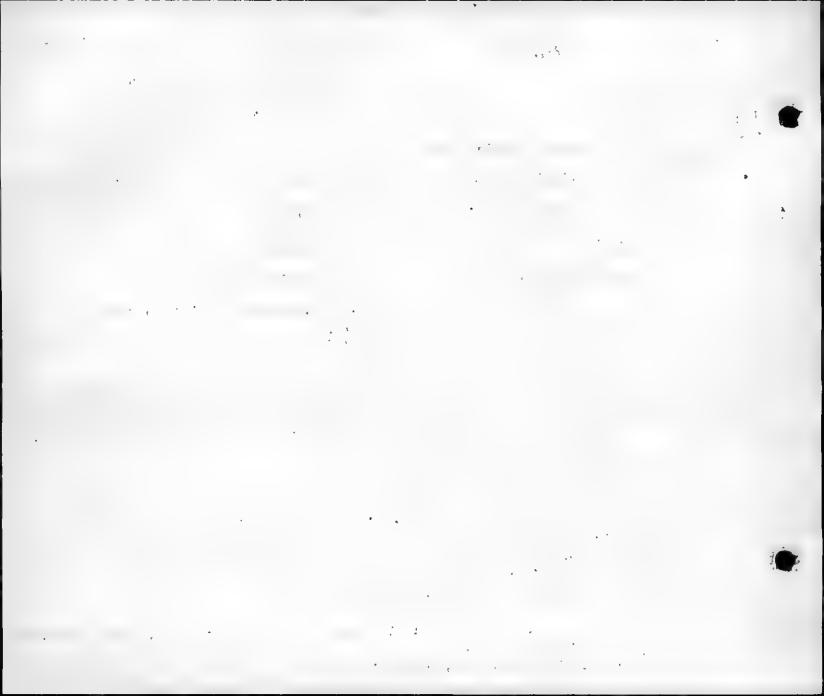
Description Cecil						
Newark, Del R.D. 12 5yrs. d. Name of Hospital (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF DECEASED (Type or print) Charles Rulon Dare Dare Death April April April S. SEX C. COLOR OR RACE Month Day Year First Middle Last April April P. AGE (In years lift under 24 HRS. lost birthday) Months Doys Hours Min. DIVORCED April April April P. AGE (In years lift under 1 YEAR IF UNDER 24 HRS. lost birthday) Months Doys Hours Min. DIVORCED April April April Chemical Engr. Paint Manufact N.J. It. MOTHER'S MAIDEN NAME May Mulford Address (Yes, no. or wichnown) If year, give wor or dates of service) 152 09 0262 Mrs. C.R. Dare Newark, Del. INTERVAL SETWENN						
Charles Rulon Dare Death April 22 19 61						
(Type or print) Charles Rulon Dare DEATH April 22 19 61 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER NEVER NEVER NEVER NEVER NEVER						
Male White WIDOWED DIVORCED April 28,1894 66 yrs. Months Days Hours Min. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Engr. Paint Manufact. N.J. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 152 09 0262 Mrs. C.R. Dare Newark, Del. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] INTERVAL BETWEEN						
Male White WIDOWED DIVORCED April 28,1894 66 yrs. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Chemical Engr. Paint Manufact. N.J. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 152 09 0262 Mrs. C.R. Dare Newark, Del. 18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), ond (c).]						
Chemical Engr. Paint Manufact. N.J. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 152 09 0262 Mrs. C.R. Dare Newark, Del. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]						
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME May Mulford Address (Yes, no. be unknown)						
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME May Mulford Address (Yes, no. be unknown)						
No. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]						
NO 152 09 0262 Mrs. C.R. Dare Newark, Del. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]						
I ANCET AND DEATH						
PART I. DEATH WAS CAUSED BY: Meta static Carcinama Pleura & Brain I Vear						
1'1 7 DUE TO						
Conditions, it any, which) to Anaplastic Carcinoma Site undeterm 14 yrs						
gove rise to immediate couse (a), stating the under-						
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
∑ YES NO □						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. pt. Description of work Description of						
Hour c. ft. Not while factory, street, office bldg., etc.						
21. I certify that I attended the deceased from DCC 1959, to 4-32 1961, that I last saw the deceased						
alive on 4-20, 196, and that death occurred at 9,204M, from the causes and on the date stated above						
ADDRESS (Street, city or lown, stote) DATE SIGNED						
SIGNATURE Filliful Epper M.D. 327 E Main St Newark Del 4-23-						
PHYSICIAN'S NAME (Type)						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)						
Burial 4/25/61 Friends Cem. Grenwich N.J.						
23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE						
Here it the some to stilling Tild DATE APR 28'61 Chilling S. Knows						

20 000

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X		CERTIFICATE OF DEATH Reg. Dis	1. No. (14183
		PLACE OF DEATH o. COUNTY Cecil 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY Maryland Gecil	
M)		b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	-	Calvert d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION North Rast d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
A		Graybeal Nursing Home	YES NO S
		NAME OF First Middle Lost 4. DATE Month OF OF Clayer of Print Death 4. DATE OF DATE OF DEATH 4. DATE OF DA	Day Year
	-	III ZZIC PIOTENCE DAVIS	1961 1 YEAR IF UNDER 24 HRS
	P	emale white widowed a Divorced May 20, 1875 lost birthday) Months Months	Doys Hours Min
Mark	10o	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired)	EN OF WHAT COUNTRY?
	L	Housewife - Maryland US	A
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		Robert Ferguson Hannah Ferguson	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address	
	L.	no Thomas B. Ferguson North Fast, Mar	v1and
		18. CAUSE OF DEATH Finter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: Beneralized Arthriosclerosis	ONSET AND DEATH
		1/10.0 DUE TO	
		Conditions, if any, which } (b)	
		gove rise to immediate DUE TO	
		lying couse lost. (c)	
•	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour a. m 19 While Not while of wark of work of wark of work of wo	ounty) (State)
	-		st saw the deceased
a		alive an 23 Apx: 1, 1961, and that death accurred at 7:45 M, from the causes and an the	date stated above.
		ADDRESS (Street, city or town, style))	DATE SIGNED
- 1		SIGNATURE Blacks of Justims M.D North Earl Let	4/28/61
		PHYSICIAN'S Klaus H. Huchuer A.D.	
	220	BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
		REMOVAL (Specify) Ruring 4 20 1061 North Bast Methodist Norti Bast Cec	il Maryland
	23	FUNERAL DIFECTOR'S SIGNATURE 245, REGISTRAR'S SIG	
		Joseph R. Grant North Bast. Maryland DATE MAY 2 '61 Cullun &	Trairs

Item 21 Film 186 5-3 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN SET AND DEATH

ENIMA

WPP

19. WAS AUTOPSY PERFORMED? YES NO NO

(Stote)

22h DATE SIGNED

(Stote)

10

Days

u S

(County)

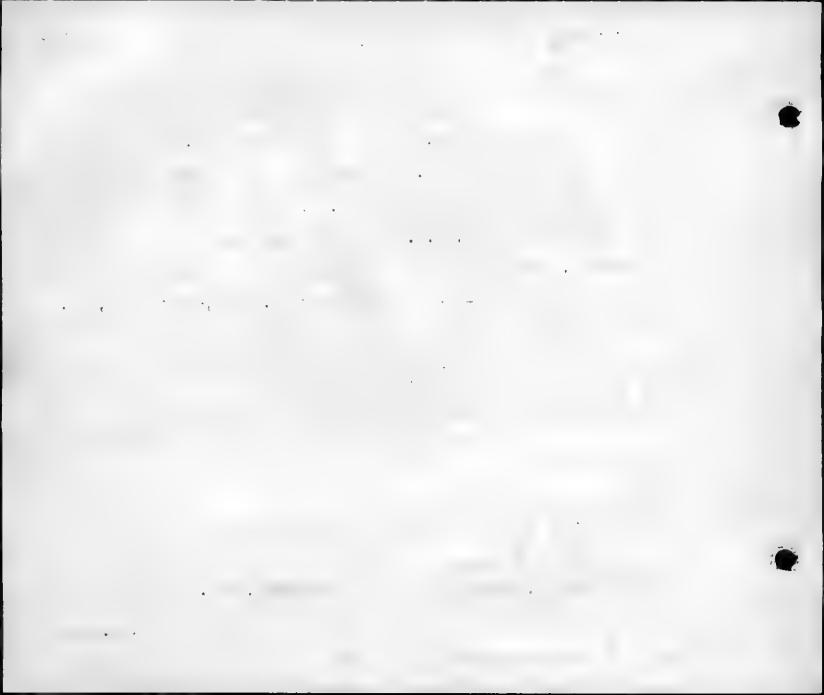
YES NO TO

Year

19.61

director, - Dua 22 .⊆ Filled completely pup 50 attending ģ gned physician has been or attending certificate

0 VR A15 (4) 1SM 9/S9



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
- (N	4		CERTIFICATE OF DEATH Reg. Dist. No. () 4185
director	1)		PLACE OF DEATH Cecil Cecil Cecil Cecil Cecil Cecil Cecil Cecil Cecil County Cecil
tuneral ld be fi	¥	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) 18 days North Bast Rural
by the	65	- (A. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Union Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)
n 24 haur filled in b ges 1 and			NAME OF First Middle Last 4. DATE Month Day Year DECEASED Type or print) Rhoda A Ferguson DEATH 4 28 1961
withi tely Pog	T	5 5	Female 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Semale 9. AGE (In years lost birthday) 18 1880 9. AGE (In years lost birthday) Months Doys Hours Min.
and cample oon papers.		100	. USJAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Housewife Maryland USA
e be carbo after		13.	James E.Armour Mary E.Brickley
certificat ng physici remaye 72 haurs			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT No. of unknown) No. Allee Armour Sr. North East Rd., Maryland
requires that the death ce tion. In signed by the attending ssit permit. Then please rand in any event within 72			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO DUE TO Conditions, if any, which gove rise to immediate (couse (a), stating the under-lying cause lost. (c)
ing physici te has bee burjal-trar remaval, a	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of Injury in Port II or Port II of item 18.)
HYSICIAN I or attend iis certifico use os the motion, or		WEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Maur o. m. p. m. 19 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) at work of wark of wark
ined the haspito DIRECTOR: After the old be detached far priar ta burial, cre	1		21. I certify that I attended the deceased fram. $4 - 16$, 19/1, to $4 - 2$, 19/2, that I last saw the deceased alive an $4 - 2$, 19/2, that I last saw the deceased alive an $4 - 2$, 19/2, that I last saw the deceased alive an $4 - 2$ and that death accurred at $4 - 2$ and that death accurred at $4 - 2$ and $4 - 2$
HOSPITAL C toy be retaine FUNERAL DI age 3 should be registrar pi	,	200	PHYSICIAN'S TILLERAN D. Johnson Eighen, M.
TO HOSI	11		BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. 10CATION (City, town, or county) (Stote)
VS A1S (4) 15M 9/5B	V	C	Jeseph R. Grant North East, aryland DATE MAY 2 '61 Orthun S. Knows





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 H

4193	CERTIFICATE OF DEAT

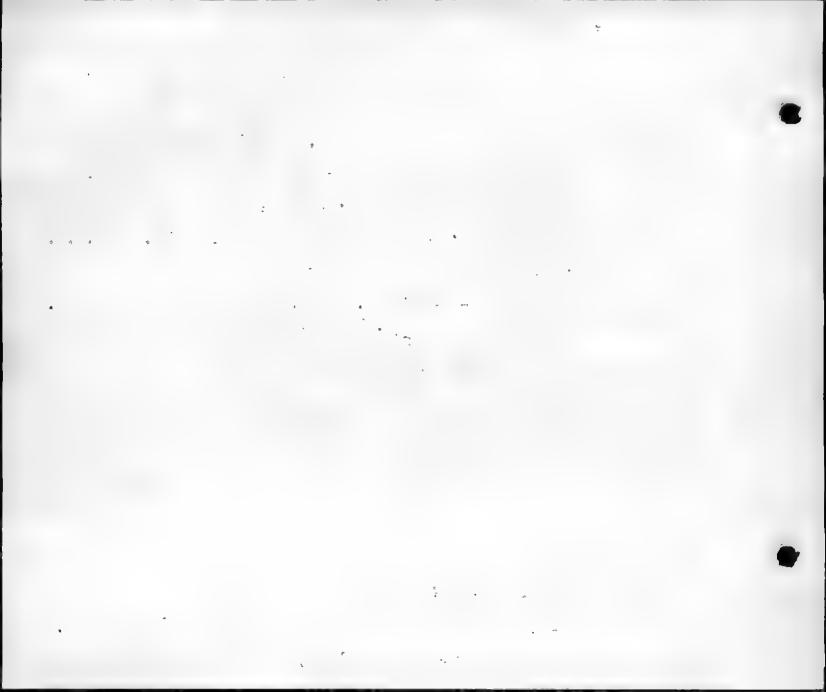
Reg. Dist. No. (14186

	o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceased li	b. COUNTY Cecil
)	b CITY OR TOWN (If outside corporate limits, RURAL and give negrest lown)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporal Elkton	e limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Union Hospital	streel oddress)	d. STREET ADDRESS 260 W. Main Stre	e. IS RESIDENCE ON A FARM? YES NO M
	3. NAME OF First DECEASED (Type or print) SAMUEI	Middle	HOPKINS 4. DATE OF DEATH	Month Day Year April 4 1961
		MARRIED NEVER MARRIED I	s. DATE OF SIRTH June 28, 1893	AGE (In years less thanks) AGE (In years less thanks) Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 43 FRIHER'S NAME	GENERAL	STRY II. 8IRTHPIACE (State or foreign coun Principio Furna II. MOTHER'S MAIDEN NAME	
1	Joseph Hopkins		Fannie Lynch	
ノ	TS. WAS DECEASEDEVER IN U. S. ARMED FORCE: (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT	Address
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	Hyperl HONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DE THE PROPERTY OF THE PROPERTY
7	Z 20c. TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e PL While Nat while fa	D. (Enter nature of injury in Part 1 or Part II ACE OF INJURY (Home, form, 20f. (City or tary, street, office bldg., etc.)	
	p. m. 19 21. I certify that I attended, the dalive an			e causes and an the date stated above. DATE SIGNED The Strong Red
i	220 SJR.AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C		N (City, town, or county) (Slote)
)	BUTIAL 4-8-61 23. FUNERAL DIRECTOR'S SIGNATURE	Elkton Ceme	etery Elk	ton Md.
	PTPPTN FUNERAL HOME	D. UK Du	ElktompareMelar 1 0 '6	1 2 14

TO HOSPITAL OR TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the math. Pages may be retained, the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremolion, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/58



LAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY 3 to the funeral director. Page y be retained for your files. **b. COUNTY** cessary, Cecil MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 for your write RURAL and give nearest town) Eikton $D_{\bullet}O_{\bullet}A_{\bullet}$ d. NAME OF HOSP,TAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Backbox Booth St. YES NO TA Union Hospital death. 3. NAME OF M ddle DATE Year DECEASED OF Thomas Howard 61 DEATH (Type or print) 19 after ge 5 may be and 2 with t 72 Moun, afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years , IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX DATE OF BIRTH last birthday) Months Hours STO D. VORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Tavern Owner pages 13. FATHER'S NAME form 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17. INFORMANT Address in pencil in from 18. (Yes, no, or unkown) | (If yes give war or dates of service) permit. CAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along burial-transit p __ ONSET AND DEATH DEATH WAS CAUSED BY: Perforation of Aorta Internal Hemmorrhage Inst and MMED, ATE CAUSE (a) DUE TO removal, Conditions, if any, which gave rise to immediate couse 60 DUE TO (a), stating the underlying 88 used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPS Y CERTIFICATION PERFORMED? 28 the certificate, writing the word NO Medical plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18,) 20e. EXTERNAL CAUSE WAS PRIMARY - CONTRIBUTING Was shot by a 38 Caliber Revolver CAUSE OF DEATH ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 Month, Day Sear 5 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or fown) (County) (State) 20c. TIME OF INJURY et work at work Tavern El kton prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion Homicide K Natural causes Accident Suicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER O DEPUTY EXAMINER'S R.C. Dodson NAME (Type) 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, REMOVAL (Specify) 40 % FLINERAL DIRECTOR VS. A15ME arthur & Krons 5M 7/59

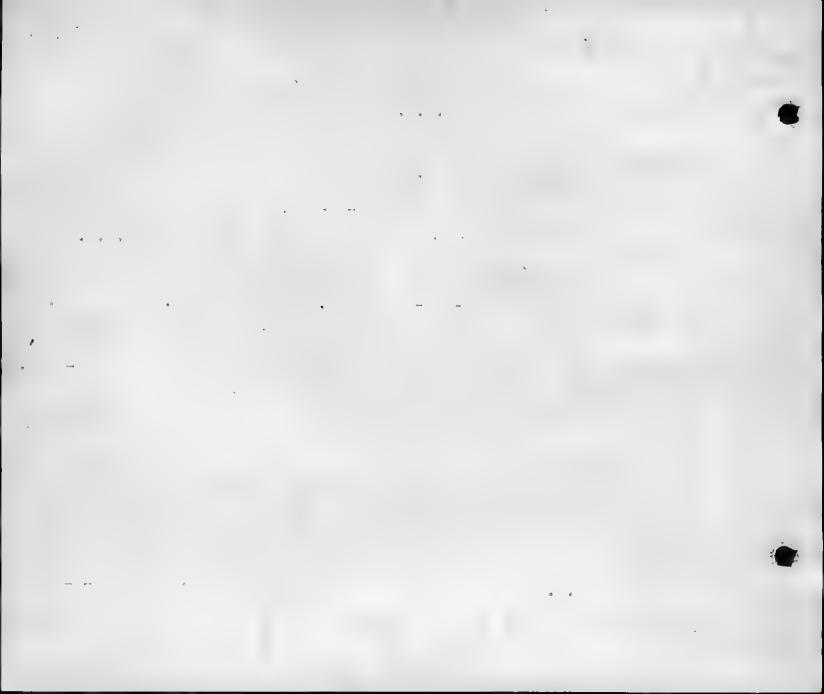


certificate



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ssion) director. Percountilles. . DMTATE .. e. COUNTY b. COUNTY Cecil Cecil MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest fown) for your Elkton D. O. A. Board d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. S RESIDENCE ON A FARM? Route 40 and Landing Lane be retained Union Hospital State YES NO TO 3. NAME OF Middle DECEASED OF Magiros (Type or print) George DEATH after with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. may be 2 with others of lest builbday) Months Days Hours WIDOWED [DIVORCED 10e USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Greece Omer Resturant PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME No information Thomas Mageros 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT (Yes, no, or unknwn) i (If yes give wer or date cof service) Sophia Magiros. Elkton, Md. lirs. long with 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET_AND DEATH PART I. DEATH WAS CAUSED BY. Acute Coronary Thrombosis min. IMMEDIATE CAUSE (a) Office al DUE TO Coronary Heart Disease Conditions, if eny, which (b) gave rise to immediate cause **DUE TO** (e), sletting the underlying General Arteriosclerosis couse lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be o NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, 20f. (City or town) fectory, street, office bldg., etc.) Hour e.m. While Not While et work at work the certificate, <u>ن</u>ظ 0 forwarded to t 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry Y and in my opinion death resulted from: Natural causes Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED ease execute is should be for FUNERAL I SIGNATURE DEPUTY METIGAL EXAMINED TO MICE EXAMINER'S R.C.Dodson NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 BALTIMORE 40 8 240. REC'D BY REGISTRAR I 24M. REGISTRAR'S SIGNATURE VS. A15ME Circling S. Kraus 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director, illed with

funeral

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FUNERAL DIRECTOR:

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VS A15 (4)

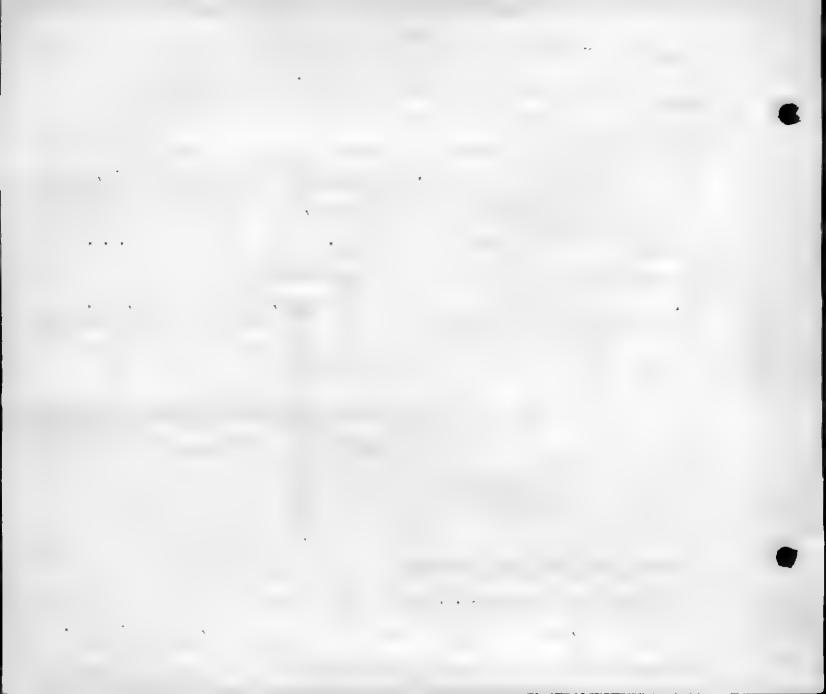
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	MARY			ENT OF HEALTH		ORE, 18			
	4198	3.	CERTIFIC	ATE OF DEATH	1	Reg. Di	st. No.	1419	
1) [PLACE OF DEATH D. COUNTY Cecil		MARYLAND	2. USUAL RESIDENCE (WI		tf institution: Resider		mission)	
37	b. CITY OR TOWN (If autside carporate lin RURAL and give nearest town) 1kton	mits, write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF o	nutside corporate lin	mits, write RURAL and	give nearest to	own)	
5	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION INTO HOSPITAL	give street address)		d. STREET ADDRESS	1			RESIDENCE	
3.	DECEASED	irst	Middle	iost	4. DATE OF DEATH	Month April	Day	Year 1961	
5.	Muire	7. MARRIED NEV	E. MARRIED C	Nickerson B. DATE OF BIRTH			28,		
		WIDOWED	DIVORCED		4 87	birthday] Months	Doys Hau		
	. USUAL OCCUPATION (Give kind of world	done 10b, KIND OF BI		March 15, 187		yrs.	TIZEN OF WH	AT COUR	
	during most of working tire, even if fellie	ia)		1	or localign cooming)	1		AT COUR	
	IOUSEWIFE FATHER'S NAME	Home		Md.	JAMF	U	.S.A.		
					_				
-4- A1:	Charles Garey WAS DECEASED EVER IN U. S. ARMED FO		URITY NO. 17.	Emma McGil	<u> </u>	Address			
	is, no. or unknown) [If yes, give war or dates of	service)		orge Humphrey		Cecilton,	Md.		
=	IB. CAUSE OF DEATH [Fater only one	None None			-	Occupation,	INTERVAL	DCTOACE	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY: Cerebral thrombesis								
	DIE TO								
	Generalized arteriosclerosis								
	gove rise to immediate DUET	(b)					year		
12		(c)							
NOTA S	PART II. OTHER SIGNIFICANT CO	ADITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WA	IS AUTOF	
	Senility	Tags perceipe nous					YES	NO	
0	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1 200. DESCRIBE HOW	INJUKT OCCURRE	D. (Enter nature of injury in I	rant I or Part II of i	tem 16.)			
1		1	Innen Innen	ACE OF INJURY OF	mar um		-		
l diam	Hour a, r.	While Not w	hile ta	ACE OF INJURY (Home, form tory, street, office bldg., etc.	, 20t. (City or tow)	/n] (County)	(Sto	
3	p. m. 19	at wark at war	k 📙 📗		1				
	21. I certify that I attended th	e deceased from	Jan	, 19 <u>6</u>], to	28 Apr 6]	., 19,that I	last saw th	e dece	
	alive on 28 Apr 61	, 12, 0	ind that death	occurred at 7:00P	_M, from the	causes and on t	he date sta		
	ACTUAL / COST // COST	Oliv-			ADDRESS (Street, ci	ly or town, state)		DATE SI	
	SIGNATURE (TILLULE	J1/470	Myn	M.D				1 Ma	
/ 1	PHYSICIAN'S								
<u> </u>		enshain M		Cecil	ten, ild				
- L	BURIAL, CREMATION, 22b. DATE THERE		E OF CEMETERY O			lity, town, or county)		late)	
_	rial May, 1, 19		ton Ceme			, Cecil Co		d.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FUNERAL DIRECTOR'S SIGNATURE	m. ADDRI	E22 -	240. REC'I	D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE		
	111111111111111111111111111111111111111	HUIVEN	dd mi	PLACE DATE	MAY 3 - 761	0.4	9 45		



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. OR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) Pege b. COUNTY Cecil e. STATE Cecil Md. MARYLAND b, CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) funeral director. write RURAL and give nearest town! for your Cecilton Elkton Board d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hosepital retained State DE NO I 3. NAME OF First Middle DATE Last Month Day DECEASED 3 to the Pr (Type or print) Je re mish ice DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with and 2 w OH um епо Months Hours Devs WIDOWED F D VORCED [10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Rage done during most of working life, even if retired! in pencil in Item 18. Give Pages 1, U.S.A. Care Taker Md. On Farm pages within form EM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Drake Am br ose 100 This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unkown) ((Ifyes give werendetes of service) Ce ilton. Md. nny Pr ita Je Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY MASSIVE Co rebral Hemmorrhage DUE TO Hyperte nsion Severe Conditions, if any, which (b) gave rise to immediate cause 15 Examiner's DUE TO (a), stating the underlying 80 cause lost. Desn PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat ease execute the certificate, writing the word NO. l pluous 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH Chief age 3 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) should be forwarded to the Chi FUNERAL DIRECTOR: Page its designated account. fectory, street, office bldg., etc.] While Not While Hour e.m. et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion CAL death resulted from. Natural causes X Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER | ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TELESTING Sun Md.
Address (Street, city, town, or county) DEPUTY EXAMINER'S $R_{\bullet}C_{\bullet}Dodson$ NAME (Type) 22e. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (Stelle) REMOVAL (Specify) O 40 6 Cecilton, Md. Burial 22,1961 Cecilton Cemetery Cecil Co: 23 FUNERAL DIRECTOR 246. REC'D BY REGISTRAR (246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur & thous



MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Whate deceased lived, if institution; Residence before edmiss on) **b.** COUNTY Cec11 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. 15 RESIDENCE ON A FARM? YES TO NO Day 19 AGE (In years | IF UNDER 1 YEAR] IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S A. Elkton. Maryland INTERVAL RETWEEN ONSET AND DEATH PERFORMED? NO F (County) (State) Inquiry and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country) Zion Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



director

Elled

PLACE OF DEATH

NAME OF DECEASED

5 SEX

(Type or print)

13. FATHER'S NAME

b. CITY OR TOWN (IF outsit RURAL and give nearest, I

d. NAME OF HOSPITAL (IF OR INSTITUTION

10a USUAL OCCUPATION (GI

15. WAS DECEASED EVER IN L

18. CAUSE OF DEATH [E

Conditions, if ony, wl

gave rise to immed couse (a), sloting the un

lying couse lost.

CERTIFICATION

MEDICAL

during most of working life

House 4

MARYLAND STATE DI	PARTMENT OF HEALTH—BALTIMOR	E, 18
4202 CE	RTIFICATE OF DEATH	Reg. Dist. No. () 4195
P DEATH HTY CECI/	MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If is a state b. CO	Institution: Residence before admission)
OR TOWN (If outside corporate limits, write c LENGTH OF Lond give nearest town)	STAY IN 16 c. CITY OR TOWN (If outside corporate limits, v	write RURAL and give nearest town)
E OF HÖSPITAL (If not in haspital, give street address) ISTITUTION JAJOIA	d. STREET ADDRESS 257 W High S	e. IS RESIDENCE ON A FARM? YES NO
PF First A	Aiddle Last 4. DATE OF DEATH A	Manth Day Year 76-1 5 1961
	ORCED 11 / 2 / 76 84	yrs. Manths Days Hours Min
OCCUPATION (Give kind of work done 10b. KIND OF BUSIN most of working life, even if retired)	Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.
arry Pratt	14. MOTHER'S MAIDEN NAME Armina Stool	bes
(If yes, give wor or dates of service)		and Elleton, Mad.
USE OF DEATH [Enter only one cause per line for (o), (b), ar PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ilure with aremia	INTERVAL BETWEEN ONSET AND DEATH CALS
	devisis generallized,	Sculpe years
(e), sloting the under- couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
Ovarian	2-57	PERFORMED?
CCIDENT WAS UNDERLYING THIS THE CAUSE OF DEATH LER, NOTIFY MEDICAL EXAMINER)	JRÝ OCCURRED (Enter noture of injury in Port t or Port 11 of item 1	(8.)
AE OF INJURY Month, Doy, Yeor out of m. Doy, Yeor While of work of wark [D 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, affice bldg., etc.)	(County) (State)
certify that I attended the deceased from 3	-28 , 1961, to 4-5 ,1	%_(_,that I last saw the deceased

20g. ACCIDENT WAS UND OR CONTRIBUTING ☐ CA (IF EITHER, NOTIFY MEDIC

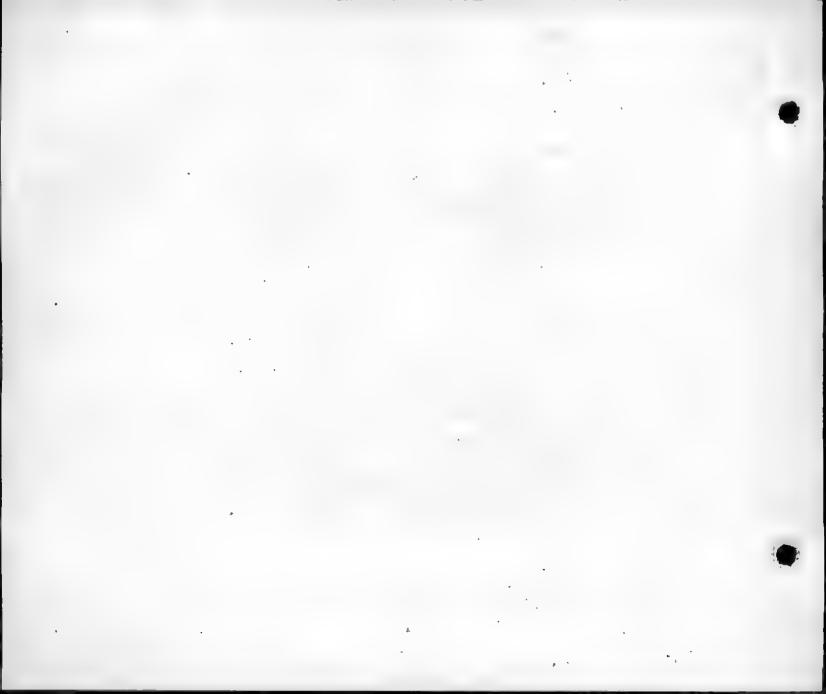
21. I certify that I and that death occurred at Zin 2 AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Apr.8,1961 Elkton Cemetery Elkton Maryland 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

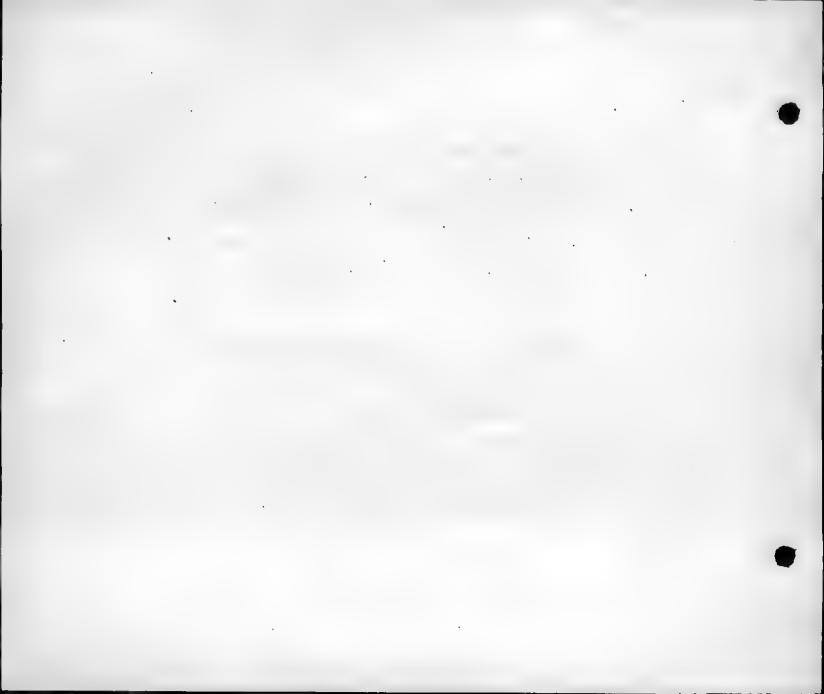
Chilling S. House

VS A15 (4) 15M 9/5B



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH 80 filed a. COUNTY o. STATE **b** COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Fort the d. NAME OF HOSPITAL (If not in hospitot, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 22 YES NO her our home E 6 4. DATE 3. NAME OF Middle Day Year filled DECEASED DEATH 19 (Type or print) 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6/COLOR OR RACE 7. MARRIED NEWER MARRIED las) birthday) Months Days Hours DIVORCED camplet papers. USUAL OCCUPATION (Give kind of work done 10b, KIND/OF BUSINESS OR INDUSTR) BIRTHPLACE (State or foreign country J2 CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired) pup carban 22 MOTHER'S MAIDEN HAME 13. EATHER'S NAME physician With гетаче 17 INFORMANT WAS DECEASED EVER IN U ARMED FORCES? 16 SOCIAL SECURITY NO. Address attending INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per tipe for (a), (b)//and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ģ Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the under lying cause lost. **burial-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY ematian, PERFORMED? YES 🔲 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Hem 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc. Hour a.m. While Not while at work of work p. m. After 27 1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an G LEM, from the causes and on the date stated above 1996 and that death accurred at FUNERAL DIRECTOR: 22o, SIGNATURE **S**IGNED ATTENDING MED DIRECTOR STAFF PHYS þe M.D. 22c PHYSICIAN 22d ADDREST shauld NAME (Type) EPOSIT, m 230 BURIAL, CREMATION, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY . OGATION (City, town, or county) REMOVAL SPECTY 0 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



AARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Rasidance before admission) a. COUNTY 1, 2, and 3 to the funeral director. Page Health, b. COUNTY CALL scessary, Cecil Control Md. MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 15 c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) Se 5 may be retained for your and 2 with the State Beard of 12 hours after death. write RURAL and give nearest lown? Elitton ELICTOR 6. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Union Hospital YES NO IN 389 W. Main St. NAME OF 4. DATE Month Vandegr Yaar DECEASED OF 61 Victor (Type or print) Frank DEATH 19 6 COLOR OR RACE 7, MARRIED TNEVER MARRIED AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH (au birthday) Months Hours | Min. WIDOWED [DIVORCED 164. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? P.M.3. Page done during most of working life, aven if retired) U.S.A, Md 🕳 in pencil In Item 18. Give Pages -Cab Driving Can Driver pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Leiberman Frank Vandagrift Form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yas, no, or unkown) (Ifyasg vawarordatasofservica) Office along with is burial-transit permit amoval, and in any e Delaware City, W-Vandegrift. Frank 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute Coronary Occlusion IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if any, which gava risa to immadiate causa "pending" Examiner's 10 **DUE TO** (a), stating the undarlying pesn cremation, PART I, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 the certificate, writing the word NO I Medical should 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, CAUSE OF DEATH. 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Morth, Day, Year (Stata) Not While factory, street, office bldg., atc.) While Hour a.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 77. Inquiry | and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ALC: UNK ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute t SIGNATURE DEPUTY 1 Rising Sun Lu Addrais (Sireer, city, town, or county) R.C.Dodson NAME (Type) 22d, LOCATION (City, lown, or country) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Md. Ö 40 8 Elkton Cemetery Burial Δ 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

be Elkton.

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VS. A15ME 5M 7/59

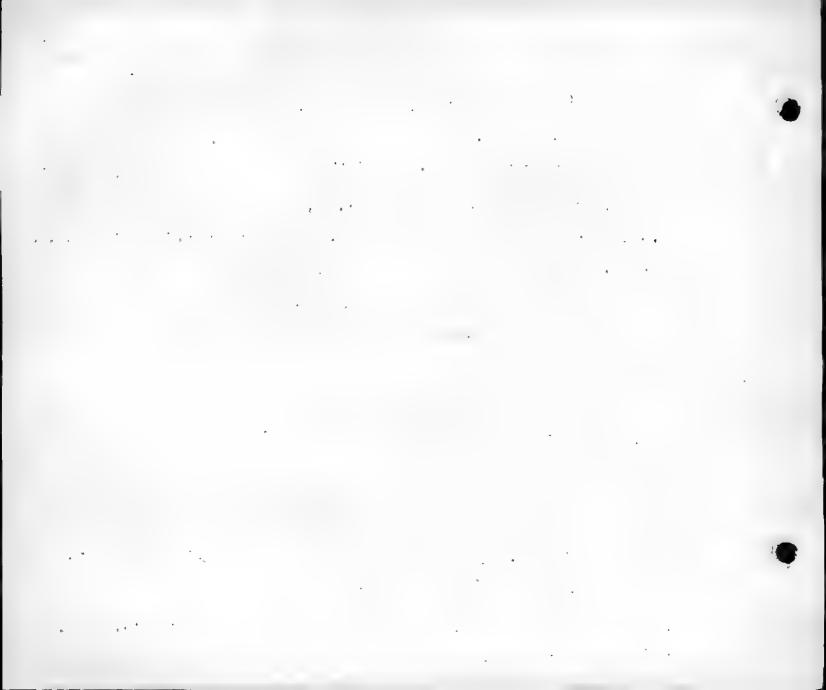


be executed within 24 haurs of

certificate

requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Items 8 & 9. Film G-204 4/17/61.cac. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Cecil MARYLAND Prince Georges b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give negrest town) write RURAL and give nearest town] 578 davs Hvattsville Perry Point E-Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5603 42nd Ave.. VA Hospital YES NO T 3. NAME OF M ddie 4. DATE Month DECEASED OF (Type or print) Albert C. 19 61 Wangner DEATH April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH and plest, birthdey) Hours White Male WIDOWED [DIVORCED physician a e remove c 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Printing Office Boston, Mass. Cylinder Pressman FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending | Charles F. Wangner Clara Hansom 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes givawarordates of service VAH Records - Perry Point, Md. WW T 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Bronchopneumonia, bilateral, unresolved 4-5 days IMMEDIATE CAUSE (+) DUE TO (b) Arteriosclerotic heart disease, severe unknown geve rise to immediate cause **DUE TO** (a), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? Arteriosclerosis generalized, severe YES TO NO F use 20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Entgr neture of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City or town) (County) (Stota) Not Waile factory, street, offica bldg., etc.) While el work at work be retained DIRECTOR: 21. I certify that the this those test attended the deceased from 9-5 19 59. 10.4-5-61 19 19 that (b) (we) last KXXX XINEXENCE ASSECT AND THE CAUSES AND ON the date stated above. 22s. SIGNATURE 22b. DATE **ATTENDING** STAFF SIGNED PHYS. DIRECTOR PHYS. K death. Page 4

IO FUNERAL

director, page 3

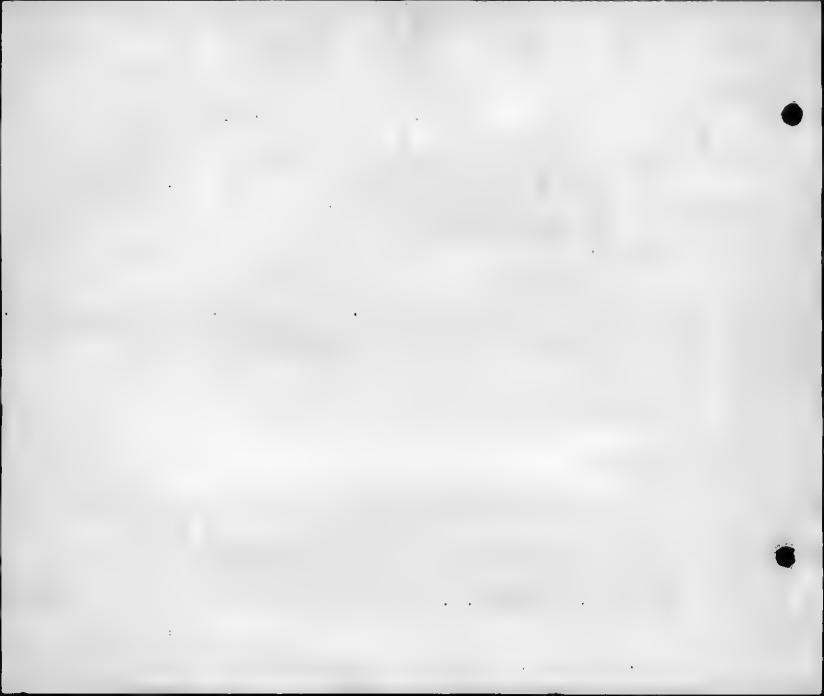
be filed with th 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) MOONEY, Asst. Clinical Pathologist, VAH, Perry Point, Md. 23d, location (City, town or county) (State) Near-Mt.Rainer, Md. Prince Georges County, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Ft. Lincoln Cemetery Removal 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** Francis Gasch's Sons, Hyattsville, Md. 15M 9/60 noners Theocho



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) Items 22a & b. Film G284 PLACE OF DEATH I director. Page or your files. oard of Health, e. COUNTY · e. STATE **b.** COUNTY CECIL MARYLAND CECIL b. CITY OR TOWN (if outs de corporete iim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL end give nearest town) write RURAL and give neerest town) for your Bainbridge Port Deposit was only Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E Bainbridge Training Center South Main YES NO V 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH CHARLES **EDGAR** WEBER 19 61 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED With B. DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS. age 5 may 1 and 2 with 72 boths at last birthday) Months Deys and Hours Male WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Navy Ohio USA pages within 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) , [Ifyes give wer or detes of service] S
1247145783

1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) Mrs. Adele L. Weber, wife, Port Deposit, INTERVAL BETWEEN along ransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive cerebral hemorrhage due to hypertension IMMEDIATE CAUSE (e) Office DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 611 19. WAS AUTOPSY PERFORMED? ld be remari Cirrhosis of the liver 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of dem 18.) PRIMARY | or CONTRIBUTING | CAL EXAMINER: CAUSE OF DEATH. the Chief A R: Page 3 slior to buria 1 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f., (City or town) 20c. TIME OF INJURY (County) (State) fectory, street, office bldg., etc.) While Not While et work el work should be forwarded to the FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry K and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF M. D. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington 40 9 Arlington. Virgi ADDRESS 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE APR 1 0 '61 VS. A15ME 5M 7/59 DATE PERRYVILLE.

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4208 CERTIFICATE OF DEATH

	1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, †	f institution: Residence	e before admission)
	•. COUNTY Cecil	MARYLAND	e. STATE	ь, соц	NTY	
	b. CITY OR TOWN (if outs'de corporate limits,	OF STAY IN 16		f outside corporate limits, wri	ite RURAL and give no	earest town)
	write RURAL end give neerest town) Perry Point 1 m	o.12 days	T. Lio	ahin whom	2).	
j	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give str.	eet eddress)	d. STREET ADDRESS	shin_ton		. IS RESIDENCE
						ON A FARM?
	Veterans administration Hospit	al II	216 F. S	treet, N.W.	th Day	YES NO X
	DECEASED	_		OF		()
	(Type or print) JAMES	L	WILLIAMS	DEATH Api		19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 1 8. 1	DATE OF BIRTH	9. AGE (In yeer last birthdey)		Hours Min.
	1 1122 00	VORCED 7	9-10-96	64 yrs.	Monnis Days	79111.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IESS OR INDUSTRY	11. BIRTHPLACE (Count	ly & Stele, or foreign country	12. CITIZEN OF	WHAT COUNTRY
	Jalesman Newsp	aper	Tennessee		USA	
	13. FATHER'S NAME		4. MOTHER'S MAIDEN			
	James William (dece	eged)	Retty Pow	ell (decease	150	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC			Addre		
	Yes, no, or unkown) (Ifyesgivewerordetesofservice) Yes WW-I 241-18-	10/10 Uni	nital Dage			30.9
	18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b)	1072 1108	prigr reco	ords, V.H, Pe	TITA LOTTI	ERVAL BETWEEN
	DADY I DEAVIS CALCED BY			7 7	ONS	SET AND DEATH
	IMMED ATE CAUSE (a) Dronchopn	eumonia,	right Lung	, unresolved	5	5-6 days
	DUE TO					
				upper lobe	with y	inknown_
	geve rise to immediate cause (e), stating the underlying DUE TO Metastase	s to the	ribs and l	iver		
	ceuse lest. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(a) 19	PERFORMED?
					Y	ES C NO
>		NJURY OCCURED. (Enter neture of injury in P	ert I or Pert II of item 18.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCC		OF INJURY (Home, farm		(County)	(Stete)
	ZOc. TIME OF INJURY Month, Day, Year Hour e.m. VA 19 2Dd. INJURY OCC. While Not Wh	10	y, street, office bldg., etc.	}		
	21. I certify that XIX (INSXR6X) XIX attended the de		earch 16	1061 to April	28 106 LVW	STATE TOWARDS
F	THE CONTRACT OF THE CONTRACT O					
	22e. SIGNATURE	may-allo Hiai o	leam occured alf.M.	Naturation the educat	8110 011 1110 001	22b. DATE
	Q (S.		D44440 05	AED. STAFF		4-28-61
	22c. PHYSICIAN'S	M.D.	22d. ADDRESS	The state of the s		4-20-01
		linical F		, VAH , Perry P	oint. Md.	
		E OF CEMETERY OR		23d. LOCATION (City, I		(Slate)
	REMOVAL ISpecify	ltimore N			**	
9					e, Marylar	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDI		ZSe. REC	Y 8 REGISTRAR 256. E	Tribus 2. Than	A.
	Pennington & Son, Havre de G	race, Fid.	DATE			



VS. A15ME 5M 7/59

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DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, The ass execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page The chould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	IRE	90	
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4209 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04202

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
Cecil MARYLAND	a. STATE Maryland b. COUNTY Land
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give merest town)
write RURAL and give nearest town) Perry Point Less than 24h	na manana a N N
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS I S. IS RESIDEN
Veterans Administration Hospital	ON A FARM
3. NAME OF First Middle	Last 4, DATE Month Day Year
(Type or print) WILEY H.	WILSON OF DEATH April 3 1961
5. SEX 6. COLOR OR RACE 7. MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
) Male White wIDOWED DIVORCED	3-5-96 (65 yrs. Months Days Hours Min.
08. USUAL OCCUPATION (Giva kind of work dona during most of working life, evan if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Carpenter	Maryland Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Haywood Wilson (deceased)	Sarah Carpenter (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
Yes WW-I 223-12-4306 H	Ospital Records, VAH, Perry Point, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Bronchopneumoni	ia, bilateral, unresolved.
491 × DUE TO	
Conditions, if any, which \ (b) 2. Emphysema, bils	ateral, severe, both lungs. Unknown
gava risa lo immadiala cause	
(a), staling the underlying causa last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
AT COLOR	PERFORMED?
	Entar nature of injury in Part I or Part II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA Hour s.m. Whila Not Whila feet p.m. 19 at work at work	lory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ald an Autopsy X. Inspection . Inquiry . and in my opinion
death resulted from Natural causes X Accident . Suici	
11 /10 /10	CHIEF MEDICAL EXAMINER
ACTUAL MOUNTAINE	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE / CONTROL OF	DEPUTY MEDICAL EXAMINER 4-3-6
examiner's NAME (Type) R. C. DODSON	Address (Street, city, town, or county) Riging Sun, Md. R CREMATORY 22d. LOCATION (City, town, or country) (State)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Spacify)	R CREMATORY 22d. LOCATION (City, lown, or country) (Siela)
Apr. 6, 1961 Cokesbury Memo	Abingdon Harford Md.
Howard K. McComas & Sons, Abingdon, M	a. DATE APR 5 '61 Cathy & thouse

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 4 in be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	V	1
HOL	by th	death	-
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that seems the hospital or attending physician.	been si	cremat	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	26.3.0								JANUL	
1. PLACE OF DEAT	H				RESIDEN	CE (Where de		Institution: Reside	ence before edi	mission)
	CECIL		MARYLAND	e. STATE	Dela	aware	b, COUN	AL Y		V
	(if outside corporete limit	is,	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (I	f outside corpo	orate fimits, write	RURAL end giv	e necrest town))
Perry Po:	id give neerest town)		22 days		Maron	ming		46	X	
	PITAL OR INSTITUTION (f not in hos		d. STREET	ADDRESS	1194 66			e. IS RES	
Chap.					Tofermore	- A A			YES T	FARM?
V.A. Hos	O1 Ga1.		Middle	Last	Wyor	ming Av	Month	h De		IA I
DECEASED		20				OF				
(Type or print)	WILLIA		R. WILSO		1		Apri		196	
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIR	TH	9.	last birthdey)	Months Deys		Min.
Male	White	WIDOWE	D DIVORCED	10-27-	17		43 yrs.			
10a. USUAL OCCUPA	TION (Give kind of work rorking life, even if retire	10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (Coun	ty & Stete, or	foreign country)	12. CITIZEN	OF WHAT CO	UNTRY
Clerk	oraning into, even in tellic		Grocery	Viol	a. Dei	laware		U.S	S.A.	
13. FATHER'S NAME				14. MOTHER						
William	Total Tanan			0000	lla R	- wh =				
	Wilson VER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.			diluz	Address			-
(Yes, no, or unkown)	(lives give wer or dates of s	ervice) _	DO OF SECE							
Yes	DEATH [Enter only one			Hospital	reco	rds, VA	H. Perr	y Point	MO BETW	VEEN
	TH WAS CAUSED BY							(DNSET AND DE	EATH
100	IMMEDIATE CAUSE (e)	Shoc	k following o	peration	, Exc	ision c	of recur	rent	60 Hrs	
173.	DUE TO	Brai	n tumor							
Conditions, if er		Astr	o-Cytoma left	hemisph	ere, l	Recurre	ent, Mal	ignant	Unknow	n_
geve rise to imme	> DITE TO									
couse lest.	(c)									
Z PART H. OTH	ER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART 1(0)	19. WAS AU	TOPSY
PART II. OTH OFF 20e. ACCIDENT IN OR CONTRIBUTION OF EITHER, NOTIF									YES N	IO I
E ZDA ACCIDENT	WAS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter neture of	of injury in I	Pert I or Pert II	of item 18.)		LAI	
OR CONTRIBUTIN	G CAUSE OF DEATH				, ,					
			MINION O COMPANY I NO D	A CE OF BUILDY	(1)	1 201 (61)		/F	15	Ctatal
20c, TIME OF IN.		er 20d. While	1	LACE OF INJURY actory, street, offic			or lown)	(County)	12	Stete)
p.m.		et wor								
21. certify	that XXX (this hospit	tal) atten	ded the deceased from	3-20-		19.61, to.	Jun. 1.1-	196.1	, production of	DE)COU
			CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	_						
22e. SIGNATURE			and the same of th							DATE
	G.L. 7001	Daniel.	4.1	M.D. PHYS.		MED. DIRECTOR	STAFF PHYS.	1.	/11/61	SIGNE
22c. PHYSICIAN'	5	70.7	7	22d. AD		40		H	(11/9)	
NAME (Typ	•	JEY V	.D. Pathologi	st. VA	H P	ormy Po	int, Me	4		
TA BURNAL CREMA	TION, 236, DATE THE		23c. NAME OF CEMETER	F.11			ATION (City, to		(Ste	tal
REMOVAL (Specif		101	23c. NAME OF COMETER	OR CREMATOR	N. J				(210	1.07
Burial	4/14/6	11	Odd Fellows	1	1		unden, K		44	
24 FUNERAL DINECTO	OR'S SIGNATURE	am	Je ADDRESS tow	~ rel				GISTRAR'S SIGN		
The state of	was the later of	P	-	-011	DATERP	R 17'61	10	Xhun S. Kr	au.A	
Jes. R. F.	Linder &	soven	1201							

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